Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD CONFIDENCE BUILDERS RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XB) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) (C 000) Initial Comments (C 000) Report by Rick Benton, Greg Williams, & Robin A Biennial follow-up survey was conducted on 20N62 October 7, 2015 from 10:30am to 11:30am at the above referenced facility. Several listed deficiencies remain uncorrected from the May 7. 2015 Biennial survey. There are also new deficiencies from the October 7, 2015 Biennial follow-up survey that will be addressed in this report. At the time of our visit, new and uncorrected deficiencies will require another Plan of Correction. They are as follows: (C 143) Corridor-Free of Obstructions (C 143) SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. The Floors in the This Rule is not met as evidenced by: 2016 Based on observation, egress from all areas was not maintained in a safe manner by having corridors that contain uneven floors and uneven floors and transitions. This would effect all residents by transitions. exposing them to tripping hazards and hampering free egress in an emergency. Findings include: The back corridor floor is uneven, and has ck en ieve multiple transitions creating a tripping hazard. * 10/9/15 - RB/GW/RF - This deficiency remains uncorrected. During the follow up survey, it was observed that the hallway/utility floor was spongy. not level and had drop offs at the entrance to the Division of Health Service Regulation

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation STATEMENT OF DEPICIONOISS (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1616 TYLER ROAD CONFIDENCE BUILDERS RICH SQUARE, NC 27869 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (C 143) Continued From page 1 (C 143) hallway, in the hallway midsection, at both bedroom doors and at the bathroom door. It appears there may be some moisture present due to the discoloration on the floor tile and the sponginess of the floor. Contact a qualified technician to remove the existing floor covering and subfloor to expose the floor joist, remove the rear exit door and frame, and check the condition of the sill plate. Any rotted sill sections must be replaced. Remove the damaged sections of floor joists and replace the damage floor joists using new wood. Ensure the joists are braced and level. Install a subfloor and secure it to the joists. Install a new door, frame and threshold. Install the finished floor with a non-skid type floor covering. The hallway/utility floor must be built up to create a level transition from the living room into the hallway/utility area and into the bedrooms and the bathroom. Provide to our office copies of any material purchase receipts and pictures that will verify the completed work. (C 147) Outside Entrances/Exits-Single Hand Motion {C 147} SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable. by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: Based on observation, egress from all areas was not maintained in a safe manner by having doors that could not be opened in a single hand motion. This would effect all residents by not

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION YEVITUS BYAG (KX) AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WNG _ FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD CONFIDENCE BUILDERS RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X0) COMPLETE PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (C 147) Continued From page 2 (C 147) allowing free egress in an emergency. Findings include: a. The front door has a knob that is not single motion 10/9/15 - RB/GW/RF - This deficiency remains. The deadbott and strike plate will be replaced with a deadbot cover plate and a strike plate cover one the existing openings and pictures will be resified of the completed work. uncorrected. During the follow up survey, it was observed that the front door had a deadbolt and a single motion door knob installed. However, further observation revealed that the strike plate for the single motion was covered with a strip of cardboard. The deadbolt and the strike plate remained usable. Contact a qualified technician to remove the cardboard from the single motion strike plate. Remove the deadbolt and strike plate and install a deadbolt cover plate and a strike plate cover over the existing openings. Provide to our office copies of any material purchase receipts and pictures that will verify the completed work. (C 153) Houskeeping And Furnishings-Clean, Repaired (C 153) SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS 1 4 1 (a) Each family care home shall; have walls, ceilings, and floors or floor. coverings kept clean and in good repair; The wall and ceilings will be in good repair, by frawing exterior from and tribing (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: The facility failed to keep the walls and ceilings in good repair by having exterior trim and interior wall/ceiling finish in disrepair.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD CONFIDENCE BUILDERS RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) (C 153) Continued From page 3 (C 153) Findings include: e) exterior vinyl damage at kitchen. The virul oiding on the reft side of the home under the Kitchen window has to be replaced without holes. I will send pictures to * 10/9/15 - RB/GW/RF - This deficiency remains uncorrected. During the follow up survey, it was observed that the vinvl siding on the left side of the home under the kitchen window has two holes. Contact a qualified technician to make the necessary corrections. Provide to our office pictures that will verify the completed work. (C 174) Building Equipment Maintained Safe, Operating. (C 174) verify work, SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (i) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Based on observation, the building components provided to slow down the spread of The bathroom door scrubs smoke have not been maintained. not close and latch shis will be fixed to that the Findings include: a) Bathroom door scrubs frame and will not close and latch. * 10/9/15 - RB/GW/RF - This deficiency remains

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uncorrected. During the follow up survey, it was observed that the bathroom door was scrubbing

at the top of the door frame making it difficult to

open and close. Contact a qualified technician to make the necessary corrections. Provide to our

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bathroom does dees not scrub

and the frame will close and later , I will send

Pictures to verify work

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD CONFIDENCE BUILDERS RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (C 174) Continued From page 4 (C 174) office pictures that will verify the completed work. NEW DEFICIENCIES The approved kitchens range hood will have an approved fact fitter allached pictures and receipts will be provided. The following new deficiencies were found during the follow up visit on 10/7/15. During the follow up survey, it was observed: that the Kitchen range hood did not have an approved fan filter attached. Arrange to purchase an approved fan filter and have it installed on the range hood fan. Provide to our office copies of the receipt for the purchase of the range hood filter and a picture for verification of the installation. a globe will be attached to the fixture in the Kitchen and copies of the pictures will be sent for verification of the installation. During the follow up survey, it was observed. that the kitchen light fixture had no globe attached. Arrange to purchase and install a globe on the fixture. Provide to our office copies of the receipt for the purchase of the globe and a picture for verification of the installation. During the follow up survey, it was observed. that the middle resident bedroom had several ceiling stains. Contact a qualified technician to The middle bedroom will be painted and pictures will be sent. make the necessary corrections. Provide to our office pictures that will verify the completed work. 4) During the follow up survey, it was observed that the hallway wall to the left of the entrance door was damaged. Contact a qualified technician to make the necessary repairs to the wall. Provide to our office pictures that will verify the completed work. all smoke detector in the During the follow up survey, it was observed sitest wedroom on the left challway batteries will be replace that the smoke detector in the first bedroom on the left of the hallway was chirping. Check all smoke detector batteries and replace as

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R. WING FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD CONFIDENCE BUILDERS RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (0(5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) {C 174} Continued From page 5 {C 174} necessary. The regions I beat detector hast and the heat detector must be at least 1940 the picture and receipt will be sent to main office to verify installations. The missing shingles will be replaced During the follow up survey, an observation of the attic space revealed a combination heat and smoke detector. This type of heat detector is incorrect as it is hardwired, has a temperature rating of 135 degrees and not connected to a dedicated low voltage sounding device. The required heat detector must have a temperature rating of at least 194 degrees. Contact a qualified technician to make the necessary corrections to the device. Provide to our office copies of the receipt for the purchase of the heat detector and sounding device and a picture of the installation for verification of the completed work. During the follow up survey, it was observed. that on the right edge of the roof, there were several missing shingles. Contact a qualified technician to make the necessary repairs to the roof. Provide to our office pictures that will verify the completed work. During the follow up survey, an observation of the ramp deck revealed that from the back exit door The ramp adjustments will be created due to the repairs of the interior hallway and all rails will be provided approximately 4 to 5 feet of the ramp deck is sloping downward towards the home. The ramp will have to be adjusted upward to create a landing due to the repairs of the interior hallway floor and the exterior door frame height being reset. Also, it was observed that the ramp has three sections of the deck boards that have nails that have extruded from the support joists. Contact a qualified technician to make the necessary repairs to the ramp deck. Provide to our office pictures that will verify the completed work. During the follow up survey, it was observed.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED
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(C 174)	Continued From page 6		(C 174)		
	that a section of vin lower corner (living loose. Contact a qu	yl siding on the right side room side) of the home is ralified technician to make the Provide to our office pictures		The wing seding right side lower en living room side home is loose will replaced and tide propietures will be pro	ener
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